



Registration Form

Child's Full Name _____ **Nickname** _____
Birth Date: _____ **Date of Enrollment** _____
Address: _____
City _____ **State** _____ **Zip Code** _____
Home Phone _____

Mother's Name _____
Mother's Address: _____
City _____ **State** _____ **Zip Code** _____
Mother's Home Phone _____

Mother's Employer _____
Employer's Address _____ **City** _____ **State** _____
Mother's Occupation: _____
Hours at work: _____ **to** _____. **Days at work:** _____
Work Phone: _____ **ext.** _____ **Pager or Cell #** _____

Father's Name: _____
Father's Address _____
City _____ **State** _____ **Zip Code** _____
Father's Home Phone _____

Father's Employer _____
Employer's Address _____ **City** _____ **State** _____
Father's Occupation: _____
Hours at work: _____ **to** _____. **Days at work:** _____
Work Phone: _____ **ext.** _____ **Pager or Cell #** _____

(Next Section Fill out only if applicable)

Parent/Guardian with legal custody: _____ **Decree on file?** Yes or No (circle)
Parents are: Married / Divorced / Separated / Widowed / Single

Emergency Contact's and Persons Authorized to remove child from home

Primary Emergency Contact(other than parents/guardian):
Name _____
Home Phone: _____ **Work Phone:** _____
Emergency Contact Address _____ **City** _____ **State** _____
Relationship to Child: _____

Secondary Emergency Contact(other than parents/guardian):

Name _____
Home Phone: _____ Work Phone _____
Second Emergency contact address: _____ City _____ State _____
Relationship to Child _____

Person(s) authorized to pick up my child(Besides parents/guardians or emergency contacts):

#1 _____
#2 _____
#3 _____

(With prior notice from parent/guardian and proper ID only)

Daycare References:

Has your child ever been in daycare before? _____
If so, why did you leave? _____

Name of Previous Provider: _____
Phone number of Previous Provider: _____

Emergency Release

Consent to Emergency First Aid & Transportation

I hereby give my permission that my child, may be given emergency treatment by Tiny Tots Academy. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment.

Parent/Guardian Signatures: _____
Date _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.

Parents/Guardians Signatures: _____
Date: _____

Tiny Tots will not be responsible for paying for the child's health care.

1. Child's Physician: _____ Phone: _____
2. Preferred Hospital: _____ Phone: _____
3. Insurance Company: _____ Policy # _____
4. Regular Medications: _____
5. Blood Type: _____
6. Medicine allergic to: _____
7. Food Allergies: _____
8. Any other Allergies: _____
9. Any special health conditions: _____

Photo Release

_____ I GIVE my consent for the use of my child(ren) photo(s) for promotional uses by Tiny Tots Learning Center; including but not limited to press releases, websites, commercial advertisements, and any printed materials sent out to the public.

_____ I DO NOT GIVE my consent for the use of my child(ren) photo(s) for promotional uses by Tiny Tots Learning Center. Including but not limited to press releases, websites, commercial advertisements, and any printer material sent out to the public.

Overview Of Care Needs

Number of days per week child care is needed: _____

Days of week care is needed: _____

I will bring my child to day care at: ___ AM/___PM

I will pick up my child: ___ AM/___PM..... Weekly fee: _____ Late fee: _____

A last weeks fee / security deposit of: \$ _____ must accompany this registration.

(This fee will be applied to your child's final bill.)

Comments:

Parent/Guardian Signatures: I understand that this is a legally document, have read it and understand that it is my responsibility to update this information frequently for the health and safety of my child.

Parent/Guardian: _____ Date: _____

Parent/Guardian _____ Date: _____

Provider Signatures: I understand that this is a legally document. I understand that it is my responsibility to see that this information is communicated to authorized personnel for the health and safety of the child.

Provider: _____ Date: _____

Provider: _____ Date: _____